

# STATEMENT OF DISSOLUTION CONNECTICUT PARTNERSHIP

Office of the Secretary of the State

**MAILING ADDRESS:**  
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**1. NAME OF THE PARTNERSHIP:**

**THE ABOVE NAMED PARTNERSHIP IS DISSOLVED AND IS WINDING UP  
ITS BUSINESS. ITS STATEMENT OF PARTNERSHIP AUTHORITY IS HEREBY  
CANCELED PURSUANT TO Conn. Gen. Stat. Section 34-376**

**Please reference an 8 1/2 X 11 attachment if additional space is required**

**EXECUTION BY A PARTNER:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I hereby declare under the penalties of false statement that the statements made in the  
foregoing document is true.

**2. Print or type name signing partner**

**3. Signature**